

Work Order ID 92929

November-12-12 3:29:57 PM

92929

Page 1

Item ID: 649.4812

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-11-13

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

649.4800	A	0.00							
----------	---	------	--	--	--	--	--	--	--

110

110

Waterjet

FLOW CNC Waterjet

20.4 . 050

Memo

0.00

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

⑪

B12-11-18

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

⑪

B12-11-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Work Order ID 92929

November-12-12 3:29:57 PM

92929

Page 2

Item ID: 649.4812

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

DAS
15
89

11

130

QC

Memo

0.00

12/11/19

160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Memo

0.00

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Memo

0.00

11

12/11/21

12/11/20

12/11/18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <input type="checkbox"/>				

Work Order ID 92929

November-12-12 3:29:57 PM

92929

Page 3

Item ID: 649.4812

Accept

Revision ID:

Item Name: Shim

Start Date: 12/11/2012 Start Qty: 10.00

10

Required Date: 03/12/2012 Req'd Qty: 10.00

10

N900040100

Setup Start

NS1

Stop *NS2*

Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*

QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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180

180

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Date:

Run

Start

NR1

Stop

NR2

DAS
05
9-89
12-12-23

190

190

SprayPaint

Spray Painting

Memo

0.00

11 0 0 12-12-31

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

PRIMER BATCH: 123693

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Memo

0.00

11 DAS
05
9-89
13-01-05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend				Grain			
Centre Not Concentric to O/S				BOM/Route				Hardware			
Cracks				Broken/Damaged				Inspection Incomplete			
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear			
Cuffs				Contamination				Maintenance			
Heat Treat				Countersink				Mislabeled			
Inspection Strip in Tube				Cut Too Short				Misread			
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			
<input type="checkbox"/> Ovalized <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Weld <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other											

Work Order ID 92929

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92929

Page 4

Item ID: 649.4812

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2Start Date: 12/11/2012 Start Qty: 10.00 ***10***

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00 ***10***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210 *210* Packaging	Identify as per dwg & Stock Location <u>1324</u>	0.00							

210 *210* Packaging	Memo	0.00							
----------------------------------	------	------	--	--	--	--	--	--	--

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

220 *220* QC	QC21- Final Inspection - Work Order Release	0.00							
---------------------------	---	------	--	--	--	--	--	--	--

220 *220* Quality Control	Memo	0.00							
--	------	------	--	--	--	--	--	--	--

13/1/10ME13-01-09

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>							
				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>							
				Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>							
				<input type="checkbox"/> Other							

Picklist Print

November-12-12 3:30:01 PM

Page 1

Work Order ID: 92929

92929

Parent Item: 649.4812

649 4812

Parent Item Name: Shim

Start Date: 12/11/2012

Required Date: 03/12/2012

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.01 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.050		Purchased	No			110	sf	171.1984	0.389	4.094737	4.5		
M2024T3S.050 2024-T3 .050 sheet									**			12-11-12	

Location	Loc Qty	Loc Code
MAT022	171.1984204	
117684	11.8	
121216	45.6484204	
121889	113.75	121889

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
		Rework Scrap Use-as-is Work Order Update		Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Other	

NOTES UNLESS OTHERWISE SPECIFIED

1. MATER AL ALUMINUM 2024 T3 PER AMS-QQ-A-250/4

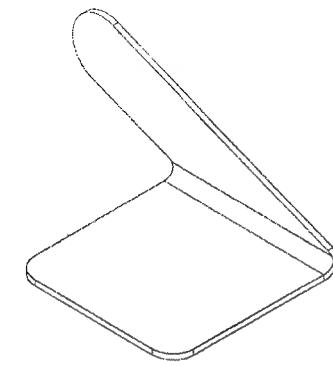
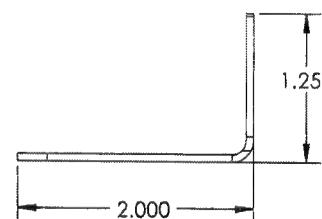
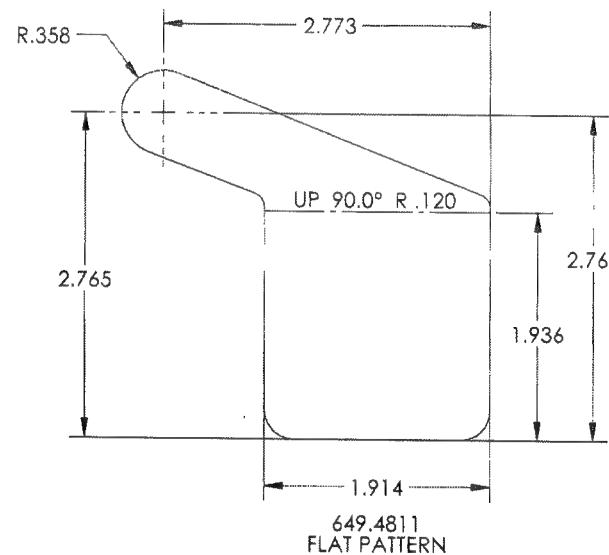
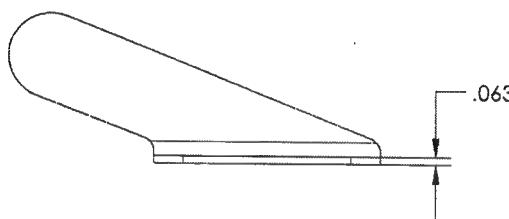
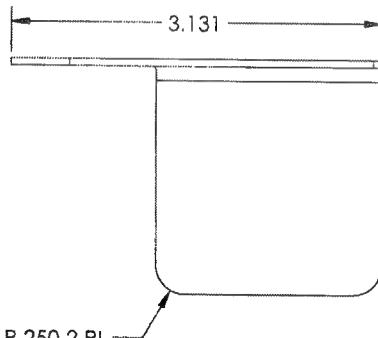
2. FIN SH HARD ANODIZE IAW MIL-A-8625 TYPE II, CLASS 2, COLOR BLACK
PRETREAT PR-46 ADHESION PROMOTER PR-MIL IAW MIL-P-233/13, TYPE I, CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP 120, LASER ETCH P/N AND REVISION 12P1, CENTURY GOTHIC.

5. PART DIMENSIONS CONTROLLED BY CAD MODEL: FILE NAME: 649.4816 DOUBLER.SLDPRT

6. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE.



649.4811

SHEET COPY

REV. C 10

ENGR. DONG

UNCONTROLLED COPY

SUBJECT TO AMENDMENT

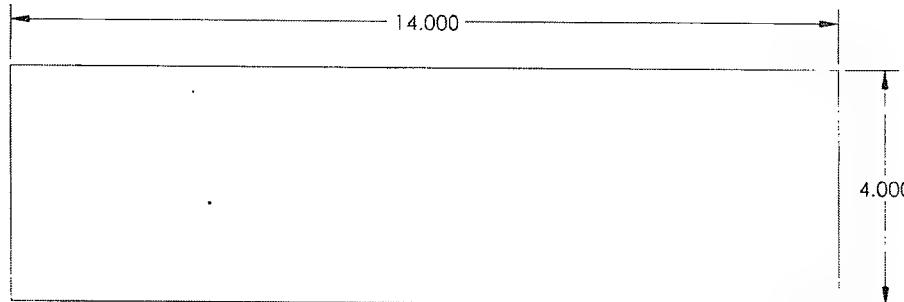
WITHOUT NOTICE

WORK ORDER

NO. 92929 ML5
12-11-13

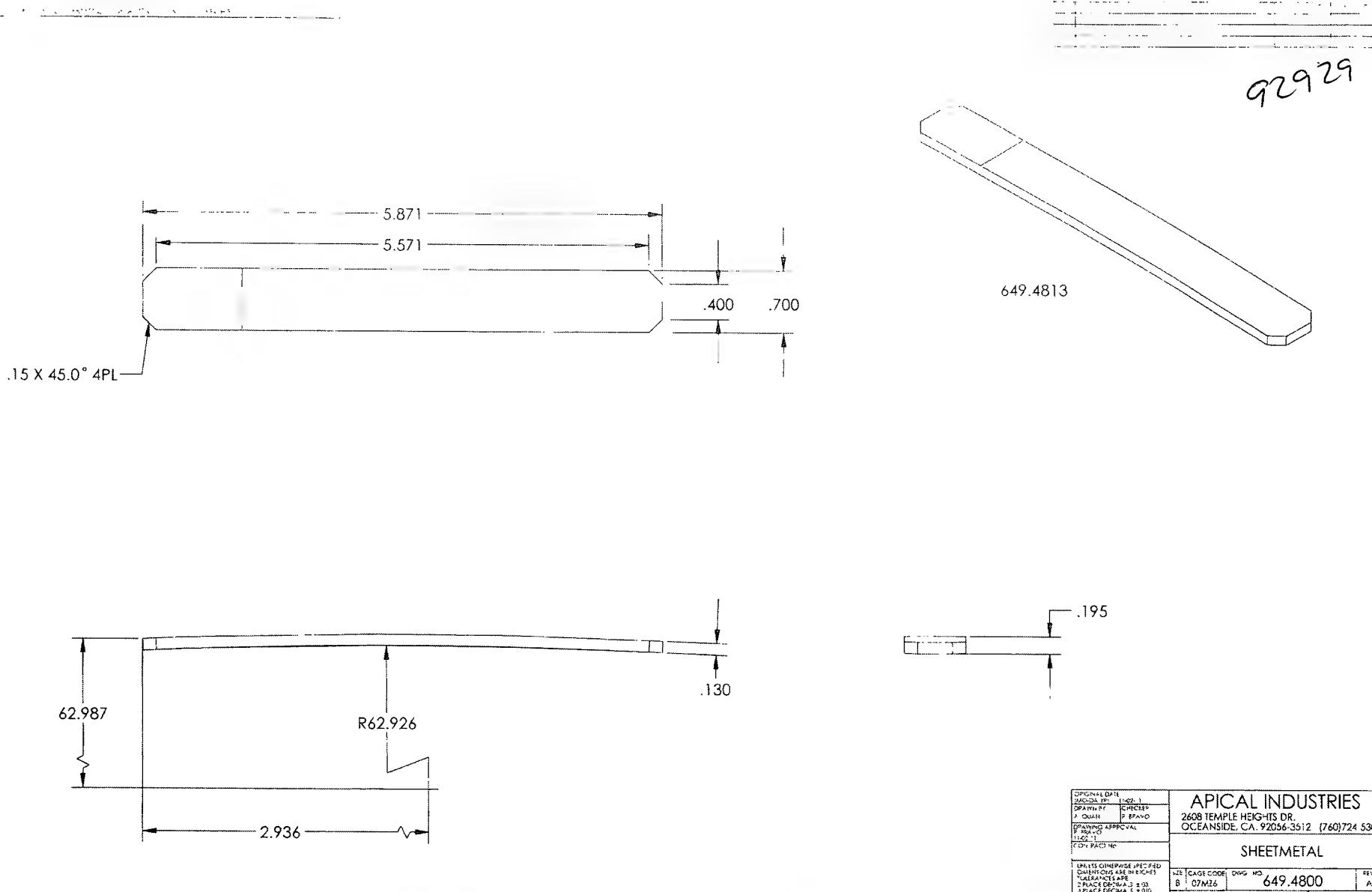
QTY	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
PARTS LIST					
7	649.4816	DOUBLER	△	△△△	
6	649.4815	SHIM	△	△	
5	649.4814	DOUBLER	△	△	
4	649.4813	SHIM	△	△	
3	649.4812	SHIM	△	△	
2	649.4811	CLIP	△	△	
1		DELETED			
DRAWING DATE NEXT ASSY (S) DRAWN BY DRAWING APPROVAL CONTRACT NO.					
649.4700	A. GUAN	P. BRAVO			
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300					
SHEETMETAL					
SPEC. GAGE CODE: B 07M26 DNO. NO: 649.4800 REV. A SCALE: NONE SHEET 1 OF 5					

92929



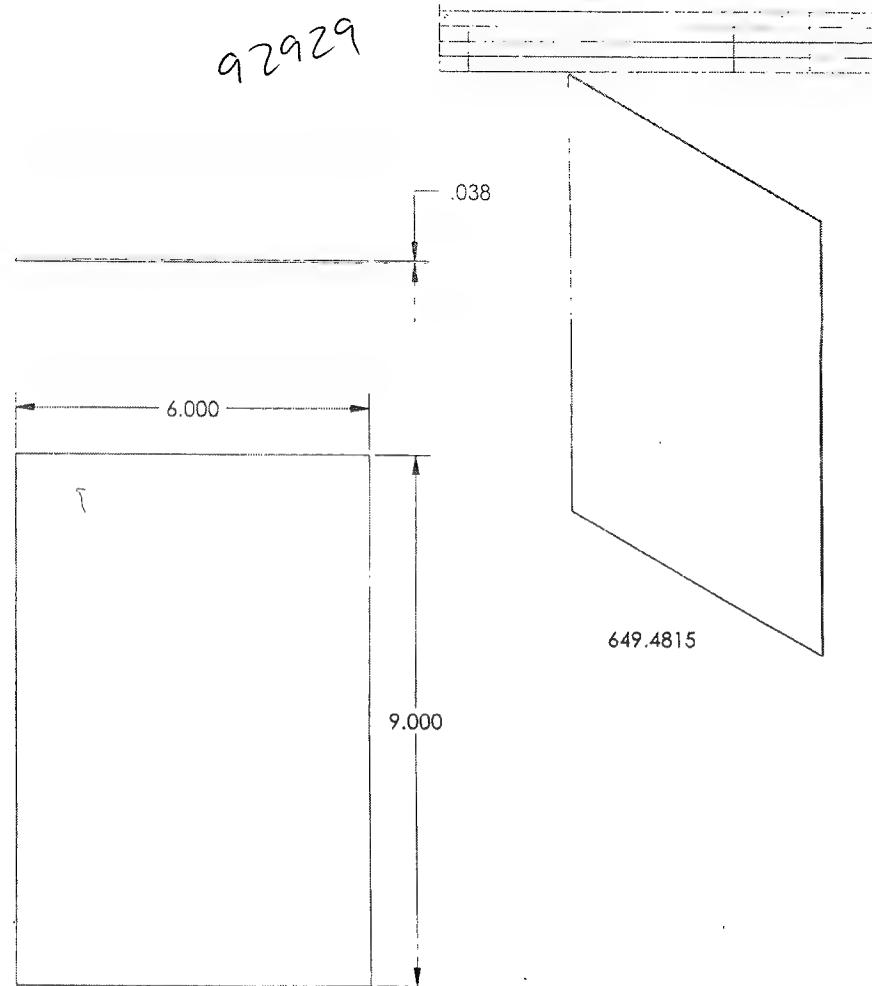
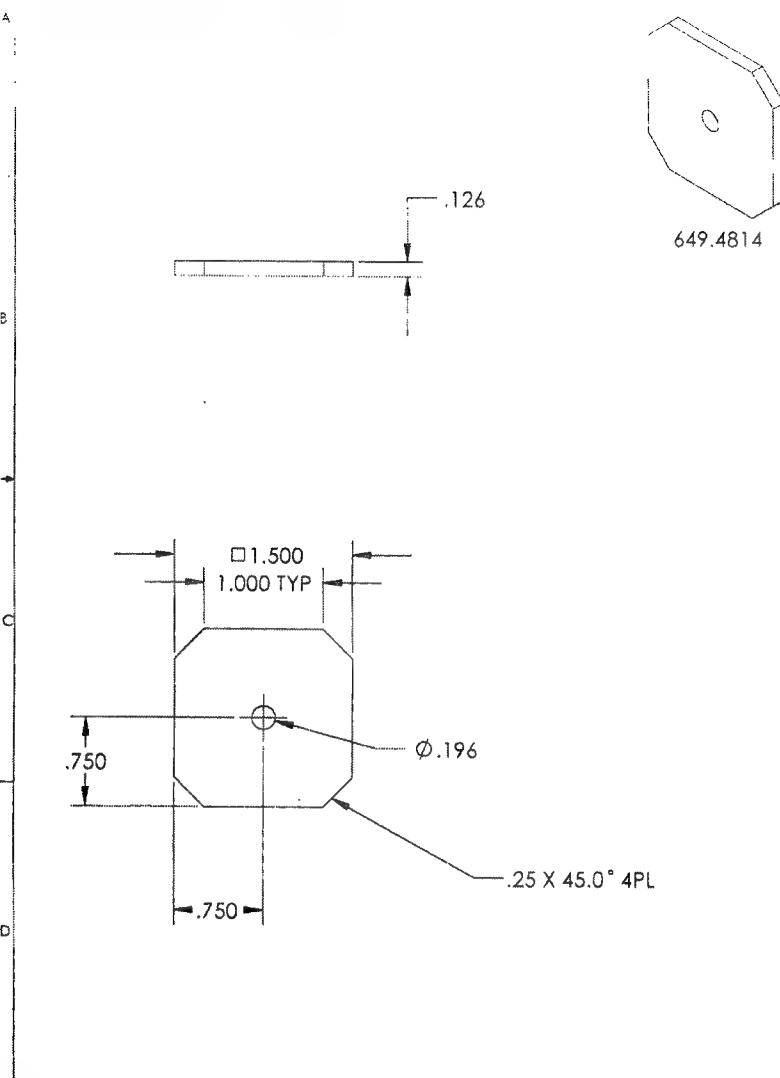
.047 648.4812

ORIGINAL DATE 10-22-11	11-22-11
DRAWN BY A. QUAK	CHEC'D BY P. BRAVO
SPECIAL APPROVAL P. BRAVO 10/22/11	
CONTRACT NO.	
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056 3512 (760)724 5300	
SHEETMETAL	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACES DECIMALS ± .00 3 PLACES DECIMALS ± .000 THICKNESS ± .2"	
SITE B	CAGE CODE Dwg No 07M26 649.4800
SCALE NONE	REV A
SHEET 2 OF 5	

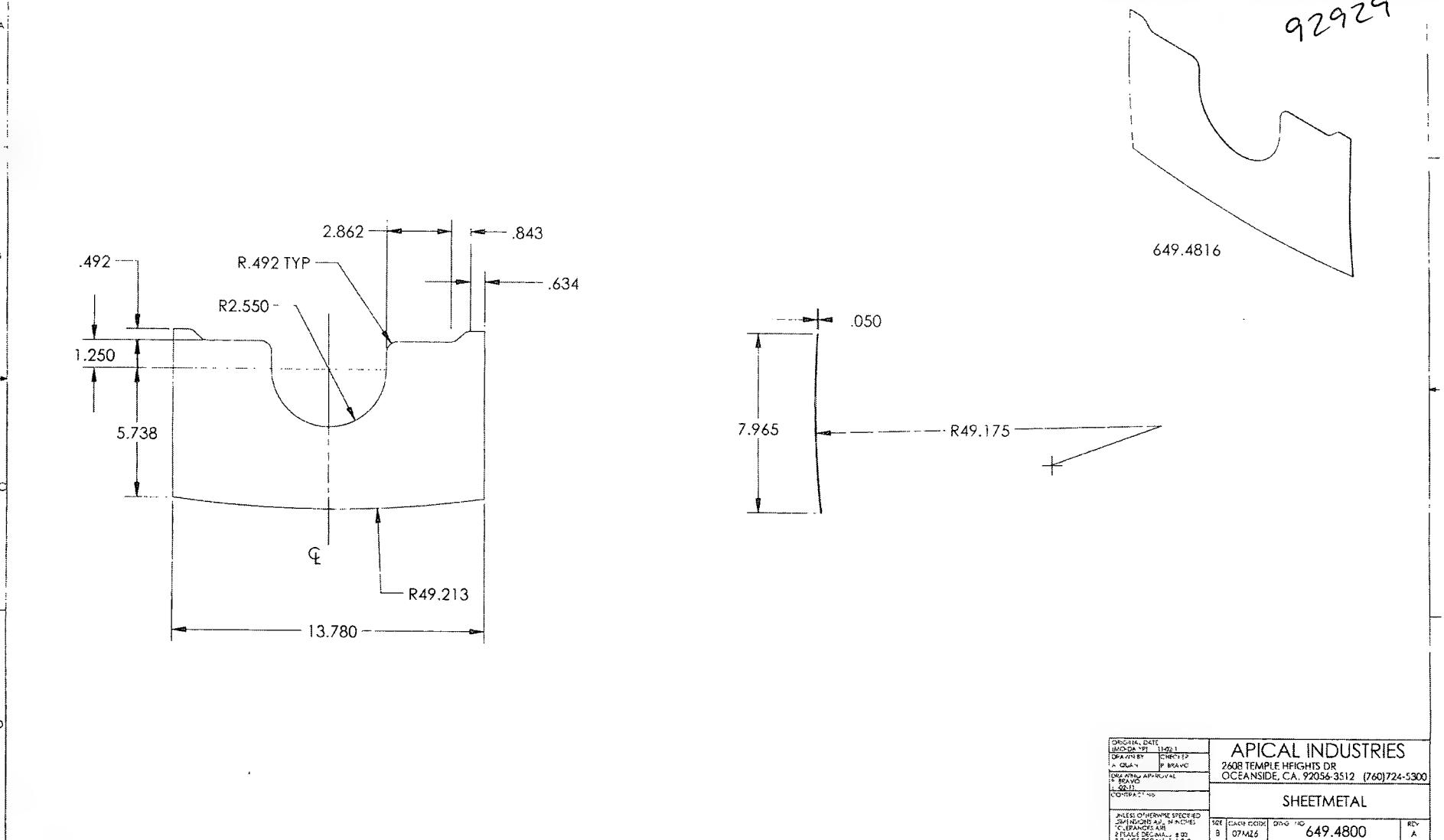


OPTIONAL DFTL MACD-A YR	L422-1
DRWTH P/T	CHECKED
X QUALE	P FAVO
SPANNING APPROVAL	
NO. 1	
CO. PACO NO.	
UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES LOC. 1000 2 PLACE DECIMALS ± .00 3 PLACE DECIMALS ± .000 RIGHTS © V	
1/25 CAGE CODE DWG. NO.	649.4800
B 07M16	A
SCALE NONE	SHEET 3 OF 5

92929



ORIGINAL DATE 11-02-11	REV. A
DRAWN BY P. BRAVO	CHECER P. BRAVO
DRAWING APPROVAL	
11-02-11	
CONTRACT NO	
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN C-H-R 1 PLACE DECIMALS 3 PLACES DECIMALS 10.0 ANGLES ± 5°	
REV. CODE: 649.4800	REV. A
SCALE: NONE	SHEET 4 OF 5



DRAWING DATE 10/20/01	APICAL INDUSTRIES
DRAWN BY C.HENRY	2608 TEMPLE HEIGHTS DR
checked	OCEANSIDE, CA 92056-3512 (760)724-5300
REVIEWED BY P.BRANC	
APPROVED BY L. COOPER	
CONTRACT NO.	SHEETMETAL
CLASS OF MATERIAL STATED	
DIMENSIONS ARE IN INCHES	
TOLERANCES ARE	
.005 INCHES ± .002	
3P ACIE DECIMALS ± 0.0	
MATERIAL: E-3	
REV. B 07/02/02	649.4800
SCALE NCNE	SCALE NCNE
SHEET 5 OF 5	

APICAL

DART AEROSPACE LTD	Work Order:	93929
Description: SITM	Part Number:	649-4812
Inspection Dwg: 649-4810 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:		Audited by:	 75 89	Preliminary Approval:	
Date:	12-11-18	Date:	12/11/19		Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15.



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST Rev: 8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1817 8 PCS 647.1818 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 // 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120768 PO: PO18506 Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY
DATE: <u>12/12/12</u>	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE : <u>Mr</u> RECEIVER SIGNATURE : <u>R. C. Miller</u>

